

SUBJECT: **RETURN OF SPONTANEOUS CIRCULATION
(ROSC) PATIENT DESTINATION**

(PARAMEDIC, MICN)
REFERENCE NO. 516

PURPOSE: To ensure that 9-1-1 patients with a return of spontaneous circulation (ROSC) following cardiopulmonary arrest are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of a ROSC patient.

AUTHORITY: Health & Safety Code, Division 2.5, Sections, 1798

DEFINITIONS:

Return of Spontaneous Circulation (ROSC): The sustained restoration of a spontaneous perfusing rhythm that results in any of the following: palpable pulse, breathing (more than an occasional gasp), coughing, movement, and/or a measureable blood pressure following cardiopulmonary arrest.

ST-Elevation Myocardial Infarction (STEMI): An acute myocardial infarction that generates ST-segment elevation on the prehospital 12-lead electrocardiogram (ECG).

STEMI Receiving Center (SRC): A facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Public Health, Facilities Inspection Division and approved by the Los Angeles County EMS Agency as a SRC.

PRINCIPLE:

1. In all cases, the health and well being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.
2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.
3. Resuscitation efforts for patients greater than 14 years of age who are in cardiopulmonary arrest and do not meet Trauma Triage Criteria or Guidelines (per Ref. 506) should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged. For decompression emergencies, refer to Ref. No. 518, Decompression Emergencies/Patient Destination.

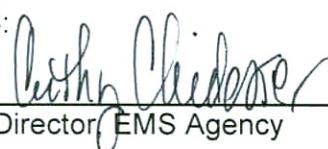
EFFECTIVE: 2-01-12

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REVISED:

SUPERCEDES:

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

POLICY:

- I. As time allows, a prehospital 12-lead ECG should be performed in accordance with the 12-Lead ECG Medical Control Guideline.
 - A. If the 12-lead ECG demonstrates STEMI (or manufacturer's equivalent), transmit the 12-lead ECG (if capable) to the receiving SRC.
 - B. Provide properly labeled, at a minimum patient name and sequence number, 12-lead ECGs to the receiving facility (in either paper or electronic format) as part of the patient's prehospital medical record.
 - C. Document the findings of the 12-lead ECG on the EMS Report Form.
- II. Establish base hospital contact for medical direction and destination for all patients with ROSC.
- III. The following patients shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries:
 - A. All patients with ROSC, regardless of 12-lead ECG finding, who are greater than 14 years of age and who do not meet Trauma Triage Criteria or Guidelines (per Ref. no. 506).
 - B. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.
 - C. Patients with ROSC who re-arrest en route.
- IV. ROSC patients should be transported to the most accessible SRC regardless of ED diversion status.
- V. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.
- VI. The SRC may request diversion of ROSC patients under any of the following conditions.
 - A. The hospital is unable to perform emergent percutaneous coronary intervention because the cardiac cath staff is already fully committed to caring for STEMI patients in the catheterization laboratory. ROSC patients should be transported to the most accessible open SRC regardless of ED diversion status.
 - B. The SRC experiences critical mechanical failure of essential cath lab equipment. SRCs must notify the EMS Agency's SRC Program Manager directly at (562) 347-1656 as to the nature of the mechanical failure or equipment issue and the estimated time duration of the diversion.
 - C. The SRC is on diversion due to internal disaster.

CROSS REFERENCE:

Prehospital Care Policy Manual:

Ref. No. 501, **Hospital Directory**

Ref. No. 502, **Patient Destination**

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

Ref. No. 506, **Trauma Triage**

Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**

Ref. No. 518, **Decompression Emergencies/Patient Destination**

Ref. No. 808, **Base Hospital Contact and Transport Criteria**

Ref. No. 813, **Standing Field Treatment Protocols**

Ref. No. 1210, **Non-Traumatic Cardiac Arrest (Adult)**

Standard of Care, 12-Lead ECG